

<b>Case Status</b> <input type="checkbox"/> Confirmed <input type="checkbox"/> Possible <input type="checkbox"/> Probable <input type="checkbox"/> Not a Case	
CDRSS#	E#

PATIENT INFORMATION																					
Name of Patient (Last) (First)					Name of Parent/Guardian																
Address					Telephone Number																
City					Zip Code		County														
Name of School/Work/Child Care						Facility Contact Name ( )															
Address						Telephone No. ( )															
REPORTING INFORMATION																					
Reporting Source		Treating Physician Name			Address of Physician			Telephone No. ( )													
Date(s) Physician Saw		Date Reported to LHD		Name of Investigator				Telephone No. ( )													
Hospital		Hospital Record #		Hospital Address			Telephone No. ( )														
ADDITIONAL PATIENT INFORMATION																					
CDRSS #		County			State			Zip													
Birth Date (Month/Day/Year) ____/____/____		Age (Unknown = 999) ____		Age Type ____		0 = 1-120 Years 1 = 0-11 Months		2 = 0-52 Weeks 3 = 0-28 Days 9 = Age Unknown													
Race ____ N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American		W = White O = Other U = Unknown		Ethnicity ____ H = Hispanic N = Not Hispanic U = Unknown		Sex ____ M = Male F = Female U = Unknown															
Event Date (Month/Day/Year) ____/____/____		Event Type ____		1 = Onset Date 2 = Diagnosis Date 3 = Lab Test Done 4 = Reported to County 5 = Reported to State as of MMWR Report Date 6 = Unknown																	
Reported (Month/Day/Year) ____/____/____		Imported ____		1 = Indigenous 2 = International		3 = Out of State 9 = Unknown		Report Status ____ 1 = Confirmed 2 = Probable 3 = Possible 4 = Not a Case 9 = Unknown													
CLINICAL DATA																					
Any Cough? ____ Y = Yes N = No U = Unknown		Cough Onset (Month/Day/Year) ____/____/____			Paroxysmal Cough? ____ Y = Yes N = No U = Unknown																
Whoop? ____ Y = Yes N = No U = Unknown		Post-tussive Vomiting? ____ Y = Yes N = No U = Unknown			Apnea? ____ Y = Yes N = No U = Unknown																
Final Interview Date (Month/Day/Year) ____/____/____		Cough at Final Interview? ____ Y = Yes N = No U = Unknown			Duration of Cough at Final Interview? ____ Days																
COMPLICATIONS																					
Chest X-Ray for Pneumonia? ____ P = Positive N = Negative X = Not Done U = Unknown			Seizures Due to Pertussis? ____ Y = Yes N = No U = Unknown			Acute Encephalopathy Due to Pertussis? ____ Y = Yes N = No U = Unknown															
Hospitalized? ____ Y = Yes N = No U = Unknown			Days Hospitalized? ____ 0 - 998 999 = Unknown			Died? ____ Y = Yes N = No U = Unknown															
TREATMENT																					
Were Antibiotics Given? ____ Y = Yes N = No U = Unknown			First Antibiotic* Received (refer to list of choices) ____		Date Started First Antibiotic (Month/Day/Year) ____/____/____		Days First Antibiotic Actually Taken? ____ 0 - 98 99 = Unknown														
*List of Choices for Antibiotics: 1 = Erythromycin (incl. pediazole, ilosone) 2 = Cotrimoxazole (bactrim/sepra) 3 = Clarithromycin/azithromycin 4 = Tetracycline/Doxycycline 5 = Amoxicillin/Penicillin/Ampicillin/Augmentin /Ceclor/Cefixime 6 = Other 9 = Unknown			Second Antibiotic* Received (refer to list of choices*) ____		Date Started Second Anti- biotic (Month/Day/Year) ____/____/____		Days Second Antibiotic Actually Taken? ____ 0 - 98 99 = Unknown														
<table border="1"> <thead> <tr> <th>FOR STATE USE ONLY:</th> <th>Date Surveillance Rec'd at State</th> <th>Date Reviewed at State</th> <th>Final Case Status by State</th> <th>E-Number</th> <th>Date Sent to CDC</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>										FOR STATE USE ONLY:	Date Surveillance Rec'd at State	Date Reviewed at State	Final Case Status by State	E-Number	Date Sent to CDC						
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LABORATORY			
*Not recommended for Confirmation Was Laboratory Testing for Pertussis Done? <input type="checkbox"/> Y = Yes N = No U = Unknown	<b>Culture:</b>	Result Code ** _____	Date Specimen Taken (Month/Day/Year) ____/____/____
	<b>PCR:</b>	Result Code ** _____	Date Specimen Taken (Month/Day/Year) ____/____/____
	<b>*DFA:</b>	Result Code ** _____	Date Specimen Taken (Month/Day/Year) ____/____/____
	<b>*Serology 1:</b>	Result Code ** _____	Date Specimen Taken (Month/Day/Year) ____/____/____
	<b>*Serology 2:</b>	Result Code ** _____	Date Specimen Taken (Month/Day/Year) ____/____/____
** Result Codes: P = Positive      X = Not Done N = Negative      S = Parapertussis E = Pending      U = Unknown I = Indeterminate			
VACCINE HISTORY			
Vaccinated? (Received any doses of diphtheria, tetanus, and/or pertussis-containing vaccines)? _____ Y = Yes      N = No      U = Unknown			
Vaccination Date (Month/Day/Year) ____/____/____	Vaccine Type *** _____	Vaccine Mfr. **** _____	Lot Number _____
Vaccination Date (Month/Day/Year) ____/____/____	Vaccine Type *** _____	Vaccine Mfr. **** _____	Lot Number _____
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Vaccination Date (Month/Day/Year) ____/____/____	Vaccine Type *** _____	Vaccine Mfr. **** _____	Lot Number _____
Vaccination Date (Month/Day/Year) ____/____/____	Vaccine Type *** _____	Vaccine Mfr. **** _____	Lot Number _____
<i>Record Vaccine Type and Vaccine Manufacturer for each dose (unlikely to be available if patient born before 1988).</i>	*** Vaccine Type Codes W = DTP Whole Cell      P = Pertussis Only A = DTaP                      N = TdaP H = DTaP - Hib              R = DTaP - HepB - IPV D = DT or Td                O = Other T = DTP - Hib                U = Unknown	**** Vaccine Manufacturer Codes C = Sanofi-Pasteur      I = Mich. Health Dept. L = Lederle                N = North American Vaccine S = GlaxoSmithKline      O = Other M = Mass. Health Dept.      U = Unknown	
Date of Last Pertussis-Containing Vaccine Prior to Illness Onset (Month/Day/Year) ____/____/____		Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset _____ 0 - 6 9 = Unknown	
Reason Not Vaccinated With ≥3 Doses of Pertussis Vaccine ____ 1 = Religious Exemption      5 = Parental Refusal      7 = Other 2 = Medical Contraindication      6 = Age Less Than 7 Months      9 = Unknown 4 = Previous Pertussis Confirmed by Culture			
EPIDEMIOLOGIC INFORMATION			
Date First Reported to a Health Department (Month/Day/Year) ____/____/____		Date Case Investigation Started (Month/Day/Year) ____/____/____	
Outbreak Related      Y = Yes _____      N = No U = Unknown		Epi-Linked?      Y = Yes _____      N = No U = Unknown	
Transmission Setting (Where did this case acquire pertussis)? ____ 1 = Day Care      6 = Hospital Outpatient Clinic      11 = Military 2 = School      7 = Home      12 = Correctional Facility 3 = Doctor's Office      8 = Work      13 = Church 4 = Hospital Ward      9 = Unknown      14 = International Travel 5 = Hospital ER      10 = College      15 = Other			
Setting (Outside Household) of Further Documented Spread From This Case ____ 1 = Day Care      7 = >1 Setting Outside Household      12 = Correctional Facility 2 = School      8 = Work      13 = Church 3 = Doctor's Office      9 = Unknown      14 = International Travel 4 = Hospital Ward      10 = College      15 = Other 5 = Hospital ER      11 = Military      16 = No Documented Spread Outside Household			Number of Contacts in Any Setting Recommended Antibiotics ____

## EPIDEMIOLOGICAL INFORMATION

Index Case	Date of Onset of Cough
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1. **IDENTIFICATION:** An acute bacterial disease involving the tracheobronchial tree. The initial catarrhal stage has an insidious onset with an irritating cough which gradually becomes paroxysmal, usually within 1 to 2 weeks, and lasts for 1 to 2 months. Paroxysms are characterized by repeated violent cough; each series of paroxysms has many coughs without intervening inhalation, followed by a characteristic crowing or high pitched inspiratory whoop; paroxysms frequently end with the expulsion of clear, tenacious mucus. Young infants and adults often do not have the typical paroxysm.

2. **INCUBATION PERIOD:** From 5 to 21 days; almost uniformly within 10 days.

3. **PERIOD OF COMMUNICABILITY:** Communicability is the greatest in catarrhal stage before onset of paroxysms. The organism rarely can be recovered after the 4th week of the disease. The period of communicability may be much shorter in patients receiving certain antimicrobial drugs.

Contacts	Relation to Patient	Date of Exposure	Age	Sex	Phone	Name of School or Workplace	Drug Therapy			No. of PCV's*	Date of Last PCV *
							Drug	Start	End		

Comments:

\* PCV = Pertussis-Containing Vaccine